

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	00-006
	<b>First Named Inventor</b>	WIPF, PETER
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09 / 583,247
	<b>Filing Date</b>	MAY 31, 2000
	<b>Group Art Unit</b>	1612
	<b>Examiner Name</b>	To be assigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FLUOROUS TAGGING COMPOUNDS AND METHODS OF USE THEREOF**

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) MAY 31, 2000 as United States Application Number or PCT International (if applicable).

Application Number 09/583,247 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name **HENRY E. BARTONY, JR.**

Address **BARTONY & HARE**

Address **SUITE 1801, 429 FOURTH AVENUE**

City **PITTSBURGH**

State **PA**

ZIP **15219**

Country **US**

Telephone **412/338-8632**

Fax **412/338-6611**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name **PETER**  
(first and middle [if any])

Family Name **WIPF**  
or Surname

Inventor's  
Signature 

Date **12/8/2000**

Residence: City **PITTSBURGH**

State **PA**

Country **US**

Citizenship **SWITZERLAND**

Mailing Address **135 TECHVIEW TERRACE**

Mailing Address

City **PITTSBURGH**

State **PA**

ZIP **15213**

Country **US**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name **JON**  
(first and middle [if any])

Family Name **REEVES**  
or Surname

Inventor's  
Signature 

Date **12-8-00**

Residence: City **Pittsburgh**

State **PA**

Country **US**

Citizenship **US**

Mailing Address **233 NORTH CRAIG STREET, APT. 501**

Mailing Address

City **Pittsburgh**

State **PA**

ZIP **15213**

Country **US**

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

**ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEPHAN		ROEVER	
Inventor's Signature <i>Steph Roever</i>		Date <i>13.12.2000</i>	
Residence: City INZLINGEN	State	Country GERMANY	Citizenship GERMANY
Mailing Address SCHLOBSTR. 15			
Mailing Address D-79594 INZLINGEN			
City INZLINGEN	State	ZIP	Country GERMANY
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City New Kensington	State	ZIP	Country

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/583,247
Filing Date	MAY 31, 2000
First Named Inventor	WIPF, PETER
Group Art Unit	1612
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	00-006

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
HENRY E. BARTONY, JR.	34,772

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

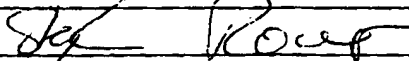
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

STEPHAN ROEVER

Signature




Date

19.12.2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Please type a plus sign (+) inside this box → 

PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/583,247
Filing Date	MAY 31, 2000
First Named Inventor	WIPF, PETER
Group Art Unit	1612
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	00-006

I hereby appoint:

☐ Practitioners at Customer Number  →

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
HENRY E. BARTONY, JR.	34,772

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

PETER WIPF

Signature

Date

12/8/2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Attorney Docket No. 00-006 DIV

PATENT-

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re application of: Peter Wipf et al**  
**Serial No.: TO BE ASSIGNED**  
**Filed: October 22, 2003**

**Group No.: TO BE ASSIGNED**  
**Examiner: TO BE ASSIGNED**

**FLUOROUS TAGGING COMPOUNDS AND METHODS OF USE THEREOF**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**STATEMENT UNDER 37 C.F.R. § 1.63(D)(2) REQUESTING DELETION OF  
NAMED PERSON(S) WHO ARE NOT INVENTOR(S) OF THE DIVISIONAL PATENT  
APPLICATION--**

1. Applicants hereby request to delete the name(s) of the following person(s) named as inventor(s) and who is (are) not the inventor(s) of the invention now being claimed:

Jon Reeves

2. The Claim(s) now pending in the application as a result of the Preliminary Amendment filed of even date herewith are claims 38-46. Jon Reeves, although correctly named as an inventor in the parent application, is not an inventor of claims now pending. The owner of all the claims at the time the last claimed invention was made was the University of Pittsburgh.

3. The inventors of this Divisional Patent Application are:

Peter Wipf and Stephan Roever

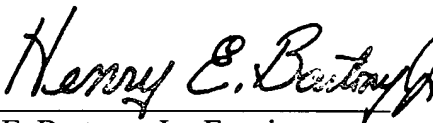
Attorney Docket No. 00-006 DIV  
Serial No. TO BE ASSIGNED

Applicants believe that no fee is due with this STATEMENT UNDER 37 C.F.R. § 1.63(D)(2) REQUESTING DELETION OF NAMED PERSON(S) WHO ARE NOT INVENTOR(S) OF THE DIVISIONAL PATENT APPLICATION, however, should any fee be required, authorization is hereby made to charge the amount of such fee to Deposit Account No. 02-1065.

A duplicate of this paper is attached.

Respectfully submitted,

PETER WIPF ET AL.

By   
Henry E. Bartony, Jr., Esquire  
Reg. No. 34,772

Bartony & Hare  
Law & Finance Building  
Suite 1801  
429 Fourth Avenue  
Pittsburgh, Pennsylvania 15222  
412-338-8632 (telephone)  
412-338-6611 (fax)

Attorney for Applicants

Date: October 22, 2003